



2009 - 2010 Michigan's AmeriCorps Intent To Apply Form



Name of Organization:

Contact Person:

Address:

City:

State:

Zip:

Phone:

Fax:

Email address:

Indicate your anticipated **Michigan's AmeriCorps** program focus. Please note that you may change this focus without notifying us.

Human Needs

Environment

Disaster Preparedness

Education

Public Safety

Does the proposed program specifically focus on any of the following? Check all that apply.

Volunteer Mobilization

Engaging of Baby Boomers

Youth Services

Disaster Preparedness/Recovery

Engaging Students in Communities

Engaging/Serving Veterans

Also, indicate the anticipated size of your **Michigan's AmeriCorps** program. Please note that programs must enroll a minimum of ten (10) full-time equivalent members. You may change the size of the program without notifying us.

Number of Members:

Full-time (1700 Hours)

Reduced Half-time (675 hours)

Half-time (900 hours)

Minimum-time (300 hours)

Quarter-time (450 hrs)

You may fax or mail this form to:
Michigan Community Service Commission
1048 Pierpont, Suite 4
Lansing, Michigan 48913
Fax: (517) 373-4977
Phone: (517) 335-4295

The form must be received by October 1, 2008, no later than 5:00 p.m.